FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91560 021 ***150.00

DOCUMENT # P98000068121

1. Entity Name
LASER SERVICES INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2420 NW 16th LANE	2420 NW 16th LANE
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. FEI Number: 65-0852840

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: SADER, ROBERT L.
Street Address (P.O. Box Number is Not Acceptable): 1901 W CYPRESS CREEK ROAD
SUITE 415
City: FORT LAUDERDALE **FL** Zip Code: 33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT L. SADER 4/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	TITLE	
NAME	FREISTAT, MITCHELL	NAME	
STREET ADDRESS	2420 NW 16th LANE	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL	CITY-ST-ZIP	
TITLE	P	TITLE	P
NAME	FREISTAT, SHELDON	NAME	SHELDON FREISTAT
STREET ADDRESS	3947 NW 22nd ST	STREET ADDRESS	3947 NW 22nd ST
CITY-ST-ZIP	COCONUT CREEK, FL 33066	CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL FREISTAT 4/16/02 954-972-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #